

My COVID 19 Advance Care Plan

My name: Your full name	NHS Number Your GP surgery can provide this if you do not know it
I like to be known as: What do you like to be called ?	
Summary of my health conditions Regal Chambers can provide a list of these for you, but it would be helpful to know what are the conditions that affect you the most and how they affect you	
Who Am I Things I do when I am well/something about me as a person	Let us know a few things about you as a person, for example things you like doing, like reading or cycling, or that you are a mother of three, grandfather of 5, whether you are generally very active
3 important things I want you to know (if there are more – add them in at the end)	
1	If you do not want to be admitted to hospital put this in box 1
2	You might want to indicate whether your preference is just for treatments manage your symptoms, to make you feel better, or whether you would want to have invasive and possibly unpleasant treatments if that increased the chance that you would survive

3	<p>Other useful information you could include in this section:</p> <p>How you react if you are very stressed</p> <p>Any treatments that you would not want to have even if they were advised</p> <p>If you have a phobia of needles or of being sick</p> <p>If your blood pressure or temperature are usually low (tell us what is normal for you)</p> <p>If you have made a lasting power of attorney for health and welfare</p>	
Medication I take	A list of your medication, doses and frequency	
How my medication is administered	Can you swallow tablets and/or capsules? Is your medication given via a feeding tube?	
How I communicate	Can you speak or do you communicate in another way? If you do not speak and/or understand English do you have a family member who interprets for you? Or would you prefer a professional interpreter if there is one available? If you are unable to speak, how would people know that you were upset or in pain?	
My emergency contacts	List the names and numbers of people you would like us to contact in an emergency	
Name:		
Relationship to me:		
Telephone number		
Do they have a copy of this plan?	Yes/No This is so we know who knows about your plan and who we can contact about it if we need to do so	
Are they listed as one of your attorneys on a lasting power of attorney for health and	Yes/No	
Name:		
Relationship to me:		
Telephone number		
Do they have a copy of this plan?	Yes/No	
Are they listed as one of your attorneys on a lasting power of attorney for health and	Yes/No	

Name:	
Relationship to me:	
Telephone number	
Do they have a copy of this plan?	Yes/No
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